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IMPORTANT NOTICE TELECOPY/FACSIMILE COVER LETTER

TO: Examiner Flynn, N., Art Unit: 2826
United States Patent & Trademark
Office

DATE: 09/27/01

FROM: Erin P. Madill

TIME: 6:00 PM

TOTAL NO. OF PAGES, INCLUDING COVER: 24

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MESSAGE:

FOR INTERNAL PURPOSES ONLY

TELECOPY/FAX NUMBER: (703) 308-5389

CLIENT NUMBER: 81754.0021

ATTORNEY BILLING NUMBER: 71932

CONFIRMATION NUMBER: (213) 337-6850 Return to Joyce Hegeman

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Kazunobu KUWAZAWA

Serial No: 09/544,392

Filed: April 6, 2000

For: SEMICONDUCTOR DEVICE AND METHOD FOR
MANUFACTURING THE SAME

Art Unit: 2826

Examiner: FLYNN, N

I hereby certify that this paper and every
paper referred to herein is being
transmitted via facsimile to:Examiner Flynn, N. Art Unit 2826,
USPTO at (703) 308-5389 on:

September 27, 2001

Date of Deposit

Erin P. Madill, 46,893

Name

Erin P. Madill

September 27, 2001

Signature

Date

Commissioner for Patents

Washington, D.C. 20231

Dear Sir:

Transmitted herewith is an Response to Restriction Requirement and Preliminary
Amendment in the above-identified application.

- ☐ Small entity status has been claimed. See 37 CFR § 1.27.
- ☐ A certified copy of ___ Patent Application No. ___ filed ___ from which priority is claimed under 35 U.S.C. § 119 is enclosed.
- ☐ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

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	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	82	-	82**	0	LG=\$18 SM=\$9	\$0	\$ 0
INDEPENDENT CLAIMS FEE	6	-	6***	0	LG=\$80 SM=\$40	\$0	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$270 SMALL ENTITY FEE = \$135		\$
TOTAL							\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ ___ 0 ___ to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
- ☐ A check in the amount of \$ ___ 0 ___ to cover the extension fee is enclosed. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.By: *Erin P. Madill*

Erin P. Madill

Registration No. 46,893

Attorney for Applicant(s)

Date: September 27, 2001

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